

STANDARD AGREEMENT

STD 213 (Rev 06/03)

AB495 MODEL CONTRACT 2005-200X

AGREEMENT NUMBER

05MHF000

REGISTRATION NUMBER

1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME

Managed Risk Medical Insurance Board

CONTRACTOR'S NAME

2. The term of this Agreement is: July 1, 2005 through June 30, 2008

3. The estimated amount of this Agreement is: \$

4. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement.

Exhibit A – Scope of Work	XX page(s)
Exhibit B – Budget Detail and Payment Provisions	XX page(s)
Exhibit C – General Terms and Conditions	XX page(s)
Exhibit D – Special Terms and Conditions	XX page(s)
Exhibit E – Federal Terms and Conditions	XX page(s)
Attachment I – Confidential Rates of Payment	XX page(s)

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.)

BY (Authorized Signature)



DATE SIGNED(Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS

STATE OF CALIFORNIA

AGENCY NAME

Managed Risk Medical Insurance Board

BY (Authorized Signature)



DATE SIGNED(Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

Dennis Gilliam, Contracts Administrator

ADDRESS

1000 G. Street, Suite 450, Sacramento, CA 95814

**California Department of General
Services Use Only**☐ Exempt per: